



EHV Working Group

November 5 from 9:00 – 10:00am

Join Zoom Meeting

<https://homebaseccc.zoom.us/j/81725520481>

AGENDA

AGENDA ITEM	PRESENTERS	TIMING	DESCRIPTION
Welcome & Roll Call	- Maddie Nation, Homebase	10 minutes (end 9:10 PM)	Introduction of committee members, Homebase, and H3.
Public Comment	- Members of the Public	5 minutes (end 9:15 PM)	Time for comments from the public.
Overview of Emergency Housing Voucher Program	- Nicole McCray- Dickerson, Homebase	5 minutes (end 9:20 PM)	Provide a quick re-fresher on the essential items of the Emergency Housing Voucher program.
Review and Approval of the EHV Application Materials (ACTION ITEM)	- Shelby Ferguson, H3 - Maddie Nation, Homebase	25 minutes (end 9:45 PM)	<u>ACTION ITEM</u> : Review and approve the EHV application materials: <ul style="list-style-type: none"> • Applicant Interest Form • EHV Coordinated Entry Policies • EHV Screening Tool • Long Stayers Certification Form • PSH Certification Form • Standards of Practice for Transition Services in EHV Once the materials have been approved, the program will launch.
Review and Approve the CoC Complaint Policy	- Jaime Jennett, H3 - Maddie Nation, Homebase	10 minutes (end 9:50 PM)	Review and approve the CoC Complaint Policy for integration into the CoC Written Standards.
Next Steps & Future of the EHV Working Group	- Maddie Nation, Homebase	5 minutes (end 9:55 AM)	Now that the EHV materials have been finalized, the EHV Working Group has been disbanded and oversight of the EHV program will be shifted to the Oversight Committee.
Adjourn	- Maddie Nation, Homebase		Close meeting.



COORDINATED ENTRY (CE) PROCESS FOR EMERGENCY HOUSING VOUCHERS (EHVs)

Emergency Housing Voucher (EHV) Program Background & Federal Eligibility

In July 2021, the Contra Costa Continuum of Care (CoC) and the Housing Authority of Contra Costa County (HACCC) were allocated 201 [Emergency Housing Vouchers](#) (EHVs). The U.S. Department of Housing and Urban Development (HUD) requires that EHV-participating households meet the following criteria:

- Eligibility for at least one of the HUD homelessness categories:
 - Homeless
 - At risk of homelessness
 - Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking
 - Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability
- Be a U.S. citizen or hold an eligible immigration status, and
- No member of the household may have been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing OR be subject to a lifetime registration requirement under State sex offender registration program.

In August 2021, the Council on Homelessness and CoH Oversight Committee convened an EHV Working Group to guide Continuum of Care's implementation of the local EHV program. The EHV Working Group includes eight individuals, including representatives from affordable housing developers; emergency shelter, rapid re-housing, permanent supportive housing providers; a victim services provider; and individuals with lived experience of homelessness.

Emergency Housing Voucher (EHV) Local Eligibility

With the support of a HUD Technical Assistance provider, the CoC and HACCC worked collaboratively to develop a MOU that identified two populations to be prioritized for this housing resource:

- Category 1: Permanent Supportive Housing (PSH) Move On
- Category 2: Homeless/Sheltered Long-Term Stayers





In partnership with the EHV Working Group, H3 and HACCC identified the following local eligibility criteria by category:

	Category	Eligibility Requirements
1	Permanent Supportive Housing Move On	<ul style="list-style-type: none">• Interest in participating in the program• Currently residing in a permanent supportive housing program participating in HMIS for 36 months or more (at the time of application)
2	Homeless/Sheltered Long-Term Stayers	<ul style="list-style-type: none">• Interest in participating in the program• Currently enrolled for 180 consecutive days or more in an emergency shelter participating in HMIS or STAND (at the time of application)

Emergency Housing Voucher (EHV) Local Prioritization

Within the Permanent Supportive Housing Move On and Homeless/Sheltered Long-Term Stayers categories, applicants will be prioritized in the order of their current length of consecutive enrollment in a permanent supportive housing or emergency shelter program. In the case of a tie within categories and length of time homeless, clients will be considered based on their prioritization scores, using the following criteria:

- Current or previous experience of domestic violence (including dating violence, sexual assault, stalking, and/or human trafficking) (5 points);
- Previous experience of eviction and/or involuntary displacement from applicant's primary place of residence (1 point);
- Poor (below 600) or no credit (1 point); and
- Previous experience with the criminal legal system (e.g., detention by law enforcement, arrest, prosecution, incarceration, community supervision) (1 point).

	Category	Prioritization Criteria
1	Permanent Supportive Housing Move On	<ul style="list-style-type: none">• <u>Primary Consideration</u>: Length of most recent consecutive enrollment in HMIS-participating permanent supportive housing program• <u>Tie Breaker</u>: The applicant with the highest score out of 8 will be prioritized:





		<ul style="list-style-type: none">○ Current or previous experience of domestic violence (including dating violence, sexual assault, stalking, and/or human trafficking) (5 points);○ Previous experience of eviction and/or involuntary displacement from applicant's primary place of residence (1 point);○ Poor (below 600) or no credit (1 point); and○ Previous experience with the criminal legal system (e.g., detention by law enforcement, arrest, prosecution, incarceration, community supervision) (1 point).
2	Homeless/Sheltered Long-Term Stayers	<ul style="list-style-type: none">● <u>Primary Consideration</u>: Length of most recent consecutive enrollment in HMIS-participating emergency shelter program or STAND● <u>Tie Breaker</u>: The applicant with the highest score out of 8 will be prioritized:<ul style="list-style-type: none">○ Current or previous experience of domestic violence (including dating violence, sexual assault, stalking, and/or human trafficking) (5 points);○ Previous experience of eviction and/or involuntary displacement from applicant's primary place of residence (1 point);○ Poor (below 600) or no credit (1 point); and○ Previous experience with the criminal legal system (e.g., detention by law enforcement, arrest, prosecution, incarceration, community supervision) (1 point).

Information about federal and local eligibility, as well as prioritization criteria, is collected from the applicant by the current case manager in the Emergency Housing Voucher Screening Tool. This information is reviewed by the Housing Placement Committee, which is responsible for approving clients for referral to the EHV Program.





Please note, from July to September 2021, the Coordinated Entry Team piloted a Long-Term Stayers EHV Program Pilot with 30 vouchers, which used slightly different eligibility and prioritization criteria, as well as a different set of tools (described in detail below).

Maximum Voucher Distribution by Categories:

To ensure the community's goals are met in the distribution of the EHV's, the EHV Working Group developed a maximum number of vouchers to be distributed by category:

	Category	Voucher Allocation
1	Permanent Supportive Housing Move On	121 vouchers (60%)
2	Homeless/Sheltered Long Stayers	80 vouchers (40%)*

**Includes the 28 vouchers used in the EHV Pilot.*

If there have been five or fewer eligible EHV program applications for a single category within a 30 day period, the H3 Coordinated Entry Team may use their discretion to shift available vouchers between categories to ensure the vouchers are distributed in a timely manner. If there have been five or fewer eligible EHV program applications within each category within a 30 day period, the H3 Coordinated Entry Team may use their discretion to convene the Oversight Committee to identify additional eligible populations and/or other next steps as needed.

Coordinated Entry Process by Category

As a federal funding requirement for this funding stream, referrals for vouchers must come through the Coordinated Entry System. With input from the EHV Working Group, the H3 Coordinated Entry Team developed the following process for prioritizing and referring eligible EHV program applicants.

Category 2: Long-Term Stayers Pilot Coordinated Entry Process

In July 2021, the Council on Homelessness authorized the Coordinated Entry System to pilot a process for distributing 28 EHV's to individuals in the Long-Term Stayers Category, while the local oversight process (EHV Working Group) was set up.

For the pilot process, eligibility criteria included the federal requirements (detailed above), as well as 180-day consecutive stay in an HMIS-participation shelter or STAND, interest in participating in the program, age at 62+ years, and current or previous experience of domestic violence. Within the pilot, length of time in shelter and current or past experience of domestic violence was used to prioritize applicants.

Once the 28-voucher pilot was authorized:





1. H3's Research, Data and Evaluation (RED) Team ran a report to capture all households with 180-day consecutive stay in an emergency shelter in Contra Costa County.
 - The list only included shelters that participate in HMIS.
 - This list consisted of 120 households who were 62 and older and had a 180-day or longer consecutive stay in emergency shelter.
2. The Coordinated Entry Team then held a separate case conference meeting with STAND (a local Victim Service Provider (VSP)) to determine if any households had experience with domestic violence and otherwise met federal and local eligibility criteria for an EHV.
3. Using de-identified information, the attached Emergency Housing Voucher Pilot Screening Tool was used to screen for eligibility with STAND. As a group, STAND and the Coordinated Entry Team decided if eligible clients would move forward in applying for an EHV.
 - If found initially eligible, the Coordinated Entry Team asked discussion questions to determine if eligible clients were a good fit for an EHV.
4. If approved, the CE team sent the EHV Pilot Screening Tool to the Referring Provider, along with a list of additional documents required for the referral and sets a deadline to receive the referral.
5. The Coordinated Entry Team then convened a Housing Placement Committee meeting with providers whose clients had the longest stays in shelter. Providers were asked to complete the EHV Pilot Screening Tool in advance of this meeting.
6. The Housing Placement Committee and Coordinated Entry reviewed each client's eligibility for EHV using the EHV Pilot Screening Tool. As a group, the providers and the CE team determine if approved to move forward and the name of the household is flagged as approved and moved to the approved list.
 - Clients with past or current experiences of domestic violence were prioritized in the discussion.
7. Once clients were approved, the Coordinated Entry Team sent the provider the EHV Application packet, along with a list of additional documents required for the referral and set a deadline to receive the referral.
8. Once the EHV Application packet was completed, the Coordinated Entry Team sent the packet and HACCC Authorized Referral Form to HACCC.





The H3 CE Team first started receiving referrals for the long term stayers at the beginning of September 2021. Out of the 28 referrals identified in the long term stayer category, 26 have been processed and sent to HACCC as of 9/30/21.

Category 1: Permanent Supportive Housing Coordinated Entry Referral Process

The following process will be used to identify candidates for the Permanent Supportive Housing Move On Category (category 1) beginning November 1, 2021.

1. The H3 RED and Coordinated Entry Teams pull a list of individuals residing in HMIS-participating permanent supportive housing for 36 months or more. This list will be sorted with individuals that have been residing in permanent supportive housing for the greatest length of time placed at the top of the list.
2. The H3 Coordinated Entry Team will then reach out to the provider points of contact for the 150 individuals with the greatest length of stay in the permanent supportive housing.
3. The provider will then connect with the clients that have been prioritized and provide information about this opportunity. The provider and client will then decide if the Emergency Housing Voucher Program would be an appropriate fit for the client's needs.
 - If the client is uninterested in the Emergency Housing Voucher Program, the provider should contact Natalie Siva, CE Specialist (Natalie.Siva@cchealth.org) to let them know the specific client will not be moving forward with the process.
4. If the client is interested in the Emergency Housing Voucher Program, the provider should work with the client to complete the EHV Applicant Interest Form in HMIS. Then, the provider should complete the EHV Screening Tool and EHV Permanent Supportive Housing Move On Certification in HMIS.
5. Four weeks after initial outreach is conducted with provider points of contact (Step 2), the H3 Coordinated Entry Team will pull a list of individuals that have resided in HMIS-participating permanent supportive housing programs for 36 months or more AND have completed the EHV Screening Tool, EHV Permanent Supportive Housing Move On Certification, and EHV Applicant Interest Form in HMIS,
 - This list will be sorted by the number of consecutive days the client has been residing in permanent supportive housing.
 - If there are any clients that have been residing in permanent supportive housing for the same number of days, the EHV Screening Tool's prioritization criteria will be used as a tie breaker to determine which client will be considered first.
6. The Housing Placement Committee will convene to review the EHV Screening Tool through a case conferencing process and approve or deny specific clients to move forward with a Coordinated Entry referral to the Emergency Housing Voucher Program.





- All providers with clients being considered should attend the Housing Placement Committee meeting.
- 7. If the applicant is approved to move forward with the Coordinated Entry referral:
 - The H3 Coordinated Entry Team flags the head of household as approved and moves them to the Approved List.
 - The H3 Coordinated Entry Team will send the provider the Emergency Housing Voucher HACCC Authorized Referral Forms.
 - Once the HACCC Authorized Referral Forms are completed, the H3 Coordinated Entry Team will send these forms to HACCC.

Category 2: Homeless/Sheltered Long Stayers Coordinated Entry Referral Process

The following process will be used to identify candidates for the Sheltered/Homeless Long Stayers category (category 2) beginning November 1, 2021.

1. The H3 RED and Coordinated Entry Teams will pull a list of 70 individuals residing in HMIS-participating emergency shelters for 180 consecutive days or more.
 - This list will be sorted with individuals that have been residing in emergency shelters for the greatest length of time at the top.
2. The H3 RED and Coordinated Entry Teams will also reach out to STAND to pull a list of individuals residing in emergency shelter for 180 days or more.
 - This list will be sorted with individuals that have been residing in emergency shelters for the greatest length of time at the top.
3. The H3 RED and Coordinated Entry Teams will then combine the list from HMIS and STAND to identify the 70 individuals with the greatest length of stay in emergency shelter.
4. The H3 Coordinated Entry Team will then reach out to the provider points of contact for the 70 individuals with the greatest length of stay in emergency shelter.
5. Provider points of contact will be responsible for connecting with the appropriate client with information about this opportunity and determining if the Emergency Housing Voucher Program would be an appropriate fit for the client's needs.
 - If the client is uninterested in the Emergency Housing Voucher Program, the provider should contact Natalie Siva, CE Specialist (Natalie.Siva@cchealth.org) to let them know the specific client will not be moving forward with the process.
6. If the client is interested in the Emergency Housing Voucher Program, the provider should work with the client to complete the EHV Applicant Interest Form in HMIS.





Then, the provider should complete the EHV Screening Tool and EHV Homeless/Sheltered Long Stayers Certification in HMIS.

7. Two weeks after initial outreach is conducted with provider points of contact (Step 2), the H3 Coordinated Entry Team will pull a list of individuals residing in HMIS-participating emergency shelters for 180 consecutive days or more AND have completed the EHV Screening Tool, EHV Homeless/Long Stayers Certification, and EHV Applicant Interest Form, sorted by number of consecutive days the client has been residing in shelter.
 - If there are any clients that have been residing in an emergency shelter for the same number of days, the EHV Screening Tool's prioritization criteria will be used as a tiebreaker to determine which client will be considered first.
8. The Housing Placement Committee will be convened to review the EHV Screening Tool through a case conferencing process and approve or deny specific clients to move forward with a referral to the Emergency Housing Voucher Program.
 - All Providers with clients being considered should attend the Housing Placement Committee meeting.
9. If the applicant is approved to move forward with approval:
 - The H3 Coordinated Entry Team flags the head of household as approved and moves them to the Approved List.
 - The H3 Coordinated Entry Team sends the provider the Emergency Housing Voucher HACCC Authorized Referral Forms.
 - Once the HACCC Authorized Referral Forms are completed, the H3 Coordinated Entry Team sends these forms to HACCC.

Complaint Process

All grievances regarding the Continuum of Care's EHV Program will be handled within the grievance procedures outlined in the Continuum of Care's Written Standards. Any grievances regarding denial to participate or termination of assistance in the EHV Program shall be addressed through the HACCC Administrative Plan for the Housing Choice Voucher Program.

Oversight of the Continuum of Care EHV Program

The CoH Oversight Committee is the group primarily responsible for providing oversight to the Continuum of Care EHV Program with additional oversight from the Council on Homelessness as needed. The EHV Working Group members guided the development of the EHV Coordinated Entry Policies and Forms.

As of September 2021, the EHV Working Group includes eight individuals, including representatives from affordable housing developers; emergency shelter, rapid re-housing,



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permanent supportive housing providers; victim service providers; and individuals with lived experience of homelessness.

Housing Placement Committee Description

The Housing Placement Committee (HPC) is convened when there are at least five housing vacancies in the Coordinated Entry System. The HPC includes the H3 Coordinated Entry Team, housing providers, CORE Team staff, case managers whose clients have risen to the top of a By-Name-List, and other providers who know the applicants. Meetings typically run for 2 hours.

Attachments:

- EHV Screening Tool
- EHV Permanent Supportive Housing Certification Form
- EHV Homeless/Sheltered Long Stayers Certification Form
- EHV Candidate Interest Form
- EHV Standards of Practice for Transition
- EHV HACCC Authorized Referral Form
- Long-Term Stayers Emergency Housing Vouchers (EHV) Pilot Screening Tool



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Contra Costa Public Health • Contra Costa Regional Medical Center • Contra Costa Health Centers • Health, Housing and Homeless Services



Emergency Housing Voucher (EHV) Screening Tool

Applicant (Head of Household) Name: _____

Age: _____ DOB: _____

Applicant Contact Information: _____

Case Manager Name: _____

Case Manager Contact Info: _____

Agency Name: _____

Program Name: _____

EHV ELIGIBILITY QUESTIONS FOR APPLICANTS

Purpose: Applicants must complete questions 1 to 6 focus to determine their eligibility for the EHV program. Participants must be interested in the program (1), meet one of the HUD homelessness categories (2), and be a U.S. citizen or have eligible immigration status (3). Participants cannot have past convictions of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing (4) or be subject to lifetime registration under a State sex offender registration program (5). Participants must meet the eligibility criteria for either the Permanent Supportive Housing Move On or Homeless/Sheltered Long Stayers categories (6).

1. **Is the applicant interested in participating in the Emergency Housing Voucher (EHV) Program and has the applicant completed the EHV Applicant Interest Form?**

☐ Yes ☐ No (Disqualifying)

2. **Which homeless category did the applicant qualify under at initial move in for the permanent supportive housing or emergency shelter project:**

- ☐ Homeless
☐ At Risk of Homelessness
☐ Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking
☐ Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk or housing instability





☐ None of the above categories apply to the applicant. (Disqualifying)

3. Is the applicant a U.S. citizen or have eligible immigration status?

Applicants who have eligible immigration status either claim status as a noncitizen, or a non-contending of eligible immigration status individuals. Eligible immigration status is determined by the Immigration and Naturalization Services (INS) pursuant to the Immigration and Nationality Act (INA).

☐ Yes ☐ No (Disqualifying)

4. Has the applicant been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?

☐ Yes (Disqualifying) ☐ No

5. Is the applicant subject to a lifetime registration requirement under a State sex offender registration program?

☐ Yes (Disqualifying) ☐ No

6. Which EHV specific category does this applicant meet the eligibility criteria for?

Category	Eligibility Requirements
<input type="checkbox"/> Permanent Supportive Housing Move On	<ul style="list-style-type: none">Interested in participating in the Emergency Housing Voucher programCurrently residing in a permanent supportive housing program participating in HMIS for at least 36 months (3 years)
<input type="checkbox"/> Sheltered Long-Term Stayer	<ul style="list-style-type: none">Interested in participating in the Emergency Housing Voucher programEnrolled in emergency shelter in HMIS or STAND for 180 consecutive days or more

EHV PRIORITIZATION QUESTIONS FOR APPLICANTS:

Purpose: Applicant will be awarded points for each “yes” answer for questions 7-10. Responses to these questions will be used as the basis for the second component of prioritization. The first component of prioritization will be the number of days the applicant has been enrolled in the emergency shelter or permanent supportive housing program.





7. **Does the applicant (or any household member) have previous experience or is currently fleeing domestic violence, including dating violence, sexual assault, stalking and/or human trafficking?**
☐ Yes (5 pt) ☐ No (0 pt) ☐ Refused (0 pt) ☐ Don't Know (0 pt)
8. **Has the applicant (or any household member) ever been evicted by court order or illegally forced to leave their apartment?**
☐ Yes (1 pt) ☐ No (0 pt) ☐ Refused (0 pt) ☐ Don't Know (0 pt)
9. **Does the applicant (or any other household member) have poor credit (below 600) or no credit?**
☐ Yes (1 pt) ☐ No (0 pt) ☐ Refused (0 pt) ☐ Don't Know (0 pt)
10. **Does the applicant (or any other household member) have previous interactions with the criminal justice system (e.g., detention by law enforcement, arrest, prosecution, incarceration, community supervision)?**
☐ Yes (1 pt) ☐ No (0 pt) ☐ Refused (0 pt) ☐ Don't Know (0 pt)

Prioritization Score: ____/8 points

SCREENING ABILITY TO SUCCEED IN THE EHV PROGRAM

Purpose: There are limited supportive services available to clients in the EHV Program. The supportive services available are limited to transition supports (e.g., document readiness, housing search). The following questions will be used by the Housing Placement Committee and H3 Coordinated Entry Team to screen an applicant's readiness to succeed in housing without supportive services or to identify if there are community supports in place to meet their needs. In this section, there are no points available, the responses to each question will be used as a discussion tool.

Housing History

11. **Permanent Supportive Housing Move On Category ONLY: Has the applicant paid rent on-time for the last 24 months?**

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If no, please describe the number of late rent payments and circumstances surrounding the late payments:





12. **Permanent Supportive Housing Move On Category ONLY: Has the applicant missed any rent payments (i.e., does not have a payment plan in place one month after the rent payment is due) or had any landlord complaints within the last 12 months?**

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please describe the circumstances surrounding the missed rent payment or landlord complaint:

13. **Has the applicant (and/or any household member) ever been in subsidized/unsubsidized housing (permanent supportive housing (PSH), Section 8 or Housing Choice Voucher)?**

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, what were the circumstances that lead to the individual leaving the housing program:

14. **Are there any credit issues, evictions, unlawful detainers, etc. that would impact this applicant's ability to succeed in the EHV Program?**

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please describe:

Financial Stability

15. **Does the applicant (and/or any household member) have any income (earned or benefit) currently?**





☐ Yes ☐ No ☐ Refused ☐ Don't Know

16. If yes, what types of income (earned or benefit) does the applicant (and/or any household member) currently have? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Earned income | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)/CalWORKS |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> General Assistance (GA) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Retirement Income from Social Security |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Veteran's pension |
| <input type="checkbox"/> Survivor Benefits | <input type="checkbox"/> Pension from a former job |
| <input type="checkbox"/> VA-Service Connected Disability Compensation | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Private disability insurance | <input type="checkbox"/> Alimony or other spousal support |
| <input type="checkbox"/> Worker's compensation | <input type="checkbox"/> Family Support |

17. If the client has earned income,

- o Employer: _____
- o Length of Employment: _____
- o Number of Hours Per Week: _____
- o Amount Per Month: _____

18. What are the applicant's (and/or household members') estimated monthly expenses and ability to pay for these expenses? Please complete the following chart to respond to this question:

Category	Estimated Monthly Household Expenses	Estimated Income Source (earned or benefit) and Amount the Household Can Use for this Expense	Do you anticipate that the household will be able to meet this expense?
Utilities or Utility Arrears			<input type="checkbox"/> Yes <input type="checkbox"/> No
Groceries			<input type="checkbox"/> Yes <input type="checkbox"/> No





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Medical Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation			<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone			<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare, Child Support Payments, or Child Support Arrears			<input type="checkbox"/> Yes <input type="checkbox"/> No
Debt Payments			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please specify:			<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Based on the chart above, do you anticipate that the applicant will be able to pay for their monthly expenses?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If no, please describe your concerns:

Service Needs and Supports

20. Can the applicant (and/or any household members) take care of their ADLs (activities of daily living)?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If no, please explain what they are and are not capable of taking care of (e.g., managing meds, hygiene, money management, etc.):

21. Does the applicant require a live-in aid or IHSS to maintain housing?

☐ Yes ☐ No ☐ Refused ☐ Don't Know





If yes, do they have support in place/what steps have they taken to secure this support:

22. Is the applicant (and/or household members) linked to health services (Behavioral Health Case Manager, IHSS, Primary Care Provider (PCP), Community Connect)?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please list the health services that will follow the individual into housing:

23. Has the applicant (and/or household members) previously or currently had any behavioral health diagnosis (including substance use disorders, mental health diagnosis, etc.)?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please list the support services that this client is currently accessing that will follow them into housing:

24. Does the applicant have social or community supports (e.g., faith community, family, friends, support groups)?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please list the social or community supports that will follow the individual into housing:

25. Is the applicant (and/or any member of the household) a Veteran?





☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please describe any veteran's support that will follow the individual into housing:

Household Composition

26. What is the household composition?

Head of Household: _____

Partner/Spouse: _____

Children (genders and ages): _____

27. Do you anticipate any other adults or children coming to live with the applicant once they are housed (i.e. live-in aid, reunifying with children, partner)? Please note, this question is essential for ensuring the voucher will be for the correct household size.

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If yes, please list name(s) and age(s):

28. Does the applicant have a pet?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

29. Is the pet a registered emotional support animal?

☐ Yes ☐ No ☐ Refused ☐ Don't Know

If no, please describe the steps you have taken to register the animal or barriers to registration:



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HOUSING PLACEMENT COMMITTEE ONLY: WRAP-UP

Purpose: If applicants are prioritized due to their length of enrollment in emergency shelter or permanent supportive housing and their prioritization score, the Housing Placement Committee and H3 Coordinated Entry Team will discuss the applicant's responses in this screening tool to either approve or deny an applicant for referral to the Emergency Housing Voucher (EHV) Program. **Case managers/applicants should not complete this section.**

1. **Does the consumer/HH meet EHV eligibility criteria?**

☐ Yes ☐ No

2. **Does the Housing Placement Committee approve the consumer/HH for EHV for referral based on the above screening questions?**

☐ Yes ☐ No

3. **If the client meets the criteria and they are not approved, please use the space below to provide an explanation.**





EMERGENCY HOUSING VOUCHER PERMANENT SUPPORTIVE HOUSING MOVING ON PROGRAM CERTIFICATION FORM

Client Name: _____

Referring Agency: _____

PSH Program: _____

EHV Prioritization Score: ____/8 points

Date EHV Screening Tool Completed: _____

Certification of Eligibility

The referring agency certifies that this client meets the following eligibility requirements:

- ✓ Interested in participating in the EHV program
- ✓ Currently residing in a permanent supportive housing program participating in HMIS for 36 months or more (at the time of application)

Commitment to Aftercare Services

The referring agency commits to providing aftercare services to the client, if needed, for at least 1 month if they are successfully connected to an Emergency Housing Voucher Program.

Signature of Referring Agency Case Manager

Signed: _____

Name: _____

Title: _____

Date: _____



EMERGENCY HOUSING VOUCHER SHELTERED/HOMELESS LONG STAYERS CERTIFICATION FORM

Client Name: _____

Referring Agency: _____

Emergency Shelter Program: _____

EHV Prioritization Score: ____/8 points

Date EHV Assessment Completed: _____

Certification of Eligibility

The referring agency certifies that this client meets the following eligibility requirements:

- ✓ Interested in participating in the Emergency Housing Voucher program
- ✓ Enrolled in a HMIS-participating emergency shelter or STAND for 180 or more consecutive days at the time of application

Commitment to Aftercare Services

The referring agency commits to providing aftercare services to the client, if needed, for at least 3 months if they are successfully connected to the Emergency Housing Voucher Program.

Signature of Referring Agency Case Manager

Signed: _____

Name: _____

Title: _____

Date: _____

EMERGENCY HOUSING VOUCHER PROGRAM CANDIDATE INTEREST FORM

Client Name: _____

Cell Phone Number: _____

Email Address: _____

Referring Agency: _____

PSH or ES Program: _____

I, _____, am interested in participating in the Emergency Housing Voucher (EHV) Program. The Emergency Housing Voucher (EHV) is a ten-year tenant-based housing voucher that I can retain for as long as I remain eligible (by following program rules and regulations), whichever comes first.

I understand that my case manager will be submitting the required EHV application materials on my behalf.

I confirm that I received the EHV Frequently Asked Questions document and had a conversation with my case manager or another relevant individual regarding the benefits and drawbacks of participating in the EHV program.

I understand that my portion of the rent is based on my income and may be different from my current amount (if applicable).

I understand that the EHV program is not directly connected to supportive services.

If applicable, I understand that I may not immediately return to my current permanent supportive housing or emergency shelter program I am choosing to leave. If I wish to return, I would have to follow the application process for accessing the program.

I understand that once I sign the EHV program lease I cannot change my mind.

Print Name

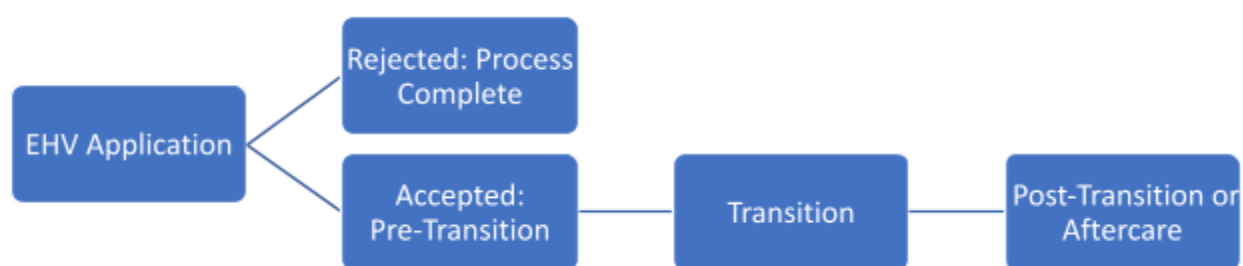
Signature

Date:

Standards of Practice for Transition Services in the Emergency Housing Voucher Program

Purpose of Transition Services

Periods of transition can challenge individuals' housing stability and connections to the community. By offering program participants access to supportive services in the periods immediately before, during, and following the transition into the Emergency Housing Voucher (EHV) program, referring agencies, EHV Navigators, and other community stakeholders can support housing stability for all program participants.



Support Network Descriptions

- **Referring Agency** – the emergency shelter or permanent supportive housing provider that submitted a referral to the EHV program on behalf of the program participant, primarily responsible for connecting the client to Community Supports, completing the application, and supporting the client throughout the transition
- **Emergency Housing Voucher (EHV) Navigators** – two navigators funded through the EHV program, primarily responsible for housing navigation and landlord relationship services
- **Community Supports** – supports that a client will remain or be connected to, regardless of their housing status (e.g., primary care provider, veteran's services, outpatient behavioral health services, recovery groups, faith groups, family, friends)
- **HACCC Case Worker** – primarily responsible for overseeing compliance with the voucher and the contact for emergencies after the aftercare period ends

EHV Application

The H3 Coordinated Entry Team will contact HMIS-participating permanent supportive housing and emergency shelter providers and STAND, to identify clients that have been prioritized for referral to EHV.¹ The **Referring Agency** will be responsible for:

- Explaining the EHV Program to eligible clients and the risks and benefits associated with client participation using communication materials provided by H3 and HACCC.

¹ Please note, clients will be prioritized by their consecutive length of time enrolled in emergency shelter or permanent supportive housing. For more detail, please see the EHV Coordinated Entry Policies and Procedures.



- Working with the eligible and interested client to complete the EHV Screening Tool, PSH or ES Certification Form, and Candidate Interest Form in HMIS.
- Attending the Housing Placement Committee to determine if the client will be recommended for EHV referral through Coordinated Entry.
- (If client is approved for referral) Completing any other necessary documentation to complete the referral process to HACCC, including:
 - Photo identification (all adult household members)
 - Birth certification (all household members)
 - Social security card (all household members)
 - Verification of income within 30 days (all earners in the household)
 - All pages of bank statements within the last 3 months (all household members with a bank account)

Pre-Transition

In the time between the EHV referral being accepted and HACCC processing the referral, the Referring Agency should prepare the client for the transition. **Referring Agencies** should work with program participants to create or further refine an Individualized Transition Plan, including a focus on potential obstacles in the transition process.

As applicable to a specific client's needs and goals, the **Referring Agency** should work with clients to:

- Connect to new or existing **Community Supports** that are not dependent on the client's housing status (e.g., behavioral health, physical health, veterans' affairs, IHSS, support groups, recovery groups, family, friends, faith community).
- Practice and master activities of daily living

During this time, the **EHV Navigators** will work with the applicant to provide light support on the document readiness process to ensure voucher application is approved quickly. Examples of light support on document readiness include creating copies of existing documents or obtaining the most recent pay stub (if pay stubs have previously been collected).

During Transition

Once HACCC has approved the applicant for EHV, the **EHV Navigators** will:

- Provide housing navigation or location assistance to EHV program participants,
- Cultivate relationships with landlords and provide housing search support for EHV clients,
- Support lease negotiation, signing, and move in logistics, and
- Provide expedited access to flexible housing funds to support move-in (i.e., funds may be used for security deposits, application fees, credit checks, etc.).

During the transition period, the **Referring Agency** should check-in with clients and continue to work on the goals outlined in the Individualized Transition Plan. As needed, ensure that



Community Supports are aware of the client's transition and have the information they need to continue services (e.g., updated address).

Post-Transition

Once the client has moved into housing with the EHV, **EHV Navigators** will provide 30 days of light-touch post-move in support to program participants. This support will primarily focus on relationships with the landlord, resolving issues with the financial components of the EHV, and accessing flexible housing funds as needed and appropriate.

Referring Agencies should regularly check-in with program participants over the phone or on-site, as needed. For clients that were previously in permanent supportive housing, referring agencies should regularly check-in with clients for at least 30 days after move-in. For clients that were previously in emergency shelter, referring agencies should regularly check-in with clients for at least 90 days after move-in. Check-ins should focus on the client's stability in the housing, including how the client is settling in and connecting to their new home and/or keeping connected to **Community Supports**.

Throughout the aftercare period, the **HACCC Case Manager, Referring Agency, and EHV Navigators** will communicate regularly to provide updates regarding any problems or conflicts that arise with the program participant.

At the end of the 30- or 90-day period, **Referring Agencies** and **EHV Navigators** will communicate to program participants that they will no longer be regularly checking in and explain the process for requesting emergency support with the EHV.

Crisis Support 30- or 90-Days Post Move-In

If the program participant or landlord needs crisis support 30 or 90 days after move-in, they should contact the **HACCC Case Manager** to request assistance. The HACCC Case Manager will communicate this request to the H3 Coordinated Entry Team to determine the best course of action.

COC COMPLAINT PROCESS

Overview

The Contra Costa Continuum of Care (CoC) has a process in place for handling complaints made by participants, participating provider agencies, or other parties expressing dissatisfaction with the Contra Costa CoC. Complaints may cover all agencies and staff providing housing or services to individuals experiencing homelessness in Contra Costa County, Coordinated Entry System (CES), or HMIS. A complaint is defined as a formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the CoC including all agencies providing housing or services to individuals experiencing homelessness, CES, or HMIS. A complainant can be a participant or their representative, agency staff, or community member or representative.

Internal Agency Complaint Policy and Procedure Requirements

Internal Agency Complaint Policy and Procedure: All agencies providing housing or services to individuals experiencing homelessness in the CoC should have an internal written policy and procedure to address complaints. All agencies receiving funding through the HUD CoC competition must have an internal written policy and procedure to address complaints. The following outlines the minimum requirements for an agency's internal complaint policy and procedure:

- The internal agency complaint policy and procedure must be posted in a place conspicuous and accessible to participants, at minimum in English and Spanish.
- The complaint process focuses on preventing the escalation of conflicts and improving program environments for clients and staff. To this end, programs must strive to maximize the use of informal avenues for resolving disputes whenever possible.
- Agencies must provide an explanation of the complaint process to participants upon program admission and upon warning receiving a warning or discharge notice, verbally and in written form in a language that they understand and accessible to individuals with hearing or visual impairments.
- The internal complaint policy and procedure **and** the verbal and written explanation must:
 - specifically inform participants of their right to file a non-discrimination complaint; and
 - provide participants with the procedures for addressing complaints and grievances within the agency and ability to file a complaint through with the CoC if the agency is unable to resolve the complaint internally.
- In addition, the internal complaint policy and procedure must:

- include a policy regarding the confidentiality of the complaint and that information regarding the complaint will only be shared with participant and necessary staff and documented in participant files;
- include an anti-retaliation policy explaining that the participant will not receive punitive treatment as a result of filing the complaint;
- allow participant to be represented by a third-party advocate in the complaint process. Reasonable efforts must be made to coordinate with participant's advocate during the complaint process; and
- to the extent possible, allow participants the opportunity to present their case before a neutral decision-maker.

In addition, agencies must maintain documentation of all complaints for a period of at least two years and such documentation is subject to monitoring.

CoC Complaint Process

1. **Complete Internal Agency Complaint Process:** If the complainant is an individual filing a complaint against an agency or organization, the complainant must first file a complaint directly with the agency with which they are aggrieved. If they are not satisfied with the results of the internal complaint process, or if the internal complaint process is not appropriate based on the circumstances, a complaint with the CoC may be filed as outlined below.
 - a. If the complainant is an agency filing a complaint against another agency OR an individual or agency filing a complaint against Coordinated Entry or HMIS, skip directly to step 2.
2. **File Complaint with the Continuum of Care:** To file a complaint, a complainant, or their designee, will need to complete the Contra Costa Continuum of Care Complaint Form that will be submitted to the CoC Administrator and their designee by email, online form, or phone.
 - a. The complaint may be written by the complainant or by someone on the complainant's behalf.
 - b. Complaints may be submitted via online form: [link to be added].
 - c. Complaints may also be submitted via email to Contra Costa CoC (contracostacoc@cchealth.org) or via phone, 925-464-0152.
 - d. Please note, the online template, email, and phone will be monitored by the CoC Administrator and a limited selection of H3 staff. If the complaint is directed at the CoC Administrator or their designee, steps 3 and 4 will be overseen by an hoc Panel of non-conflicted Oversight Committee members.
3. **Investigation of Complaints:** The investigation of complaints will be led by the CoC Administrator or their designee and involve a series of meetings and interviews.

- a. The CoC Administrator or their designee will acknowledge and start an investigation of the complaint within five business days of receiving the complaint. If the complaint is in a health or safety issue that has not been resolved by the agency (e.g., pest infestation, violence against a client), the CoC Administrator or their designees will acknowledge and start an investigation within 2 business days of receiving the complaint.
 - b. The CoC Administrator or their designee will contact the individual or agency filing the complaint to determine if the dispute can be resolved without a formal investigation.
 - c. If a formal investigation is necessary, the CoC Administrator or their designees will attempt to contact and interview the parties with knowledge of the circumstances of the complaint, which may include the agency or program named in the complaint, the Coordinated Entry System Manager, and/or a member of the Research, Evaluation, and Data (RED) Team, depending on the nature of the complaint.
 - d. If the complaint is about a specific provider within the CoC, the CoC Administrator or their designee will confirm that the provider attempted to resolve the complaint through its internal complaint process and will seek documentation from that process.
 - i. If the complainant did not attempt to resolve the complaint with the provider first, the CoC Administrator or their designee will ask the complainant to go through the provider's internal agency complaint process before it is addressed by the CoC.
 - e. Following the investigation, the CoC Administrator or their designee and any other appropriate party, will review, and decide how best to resolve the complaint.
4. **Resolving Continuum of Care Complaints:** Within 30 days of completing the investigation, the CoC Administrator or their designee will complete part three of the of the Complaint Form to document the complaint, and the recommendation on the solution of the complaint and any actions recommended to participant satisfaction and prevent legal violation, or instance of gross misconduct or negligence from occurring in the future.
- a. Complaints regarding pressing health and safety needs will be prioritized and may be resolved on a faster timeline.
 - b. Resolutions may include recommending options on how the agency should resolve the issue directly with the complainant, that the complainant be re-assessed or re-prioritized for housing or services, the agency following a corrective action plan, referrals to appropriate resources (e.g., Environmental Health), the agency being required to adjust its internal policies to ensure the

same issue does not happen again, and if necessary, censuring an agency, or withdrawing funding.

5. **Escalation of System of Care Complaint:** If the complainant is unsatisfied with the resolution presented by the CoC Administrator or the complaint regards H3 staff or processes, the complainant may request that the complaint be escalated and the CoC Administrator or their designee will convene an ad hoc Complaint Panel of non-conflicted Oversight Committee members.
 - a. The Complaint Panel will review the complaint, investigation and steps taken to date, resolution documentation, and provide recommendations on the solution to the CoC Administrator or their designee.
 - b. Complaint Panelists will be non-conflicted, such that they are able to remain unbiased and have no personal or professional stake in the decision being considered and can remain objective and unbiased.
 - c. The Panel will identify a Chair or Co-chairs who will coordinate and lead committee meetings and identify panelists for grievance panels.
 - d. The Complaint Panel will keep participant and program information learned through grievance proceedings confidential

H3 will keep complaint forms on file internally for two years. Additionally, the CoC Administrator or their designee will share complaint trends including complaint types, complaints pending resolution, corrective action plans, and needs for system wide training or activities that will impact the CoC that resulted from complaints or complaint trend analysis with the Oversight Committee at least annually to inform ongoing system design and quality improvement. The CoC Administrator or their designee will follow up with the complainant when possible, with the completed Complaint Form to determine if the complaint has been resolved to the satisfaction of the complainant.

Individuals needing accommodations should contact Jaime Jenett, Staff to the Council on Homelessness, by emailing cchomelesscouncil@cchealth.org or calling or texting 925-464-0152.

RETALIATION POLICY

The Contra Costa CoC provides agencies and clients who wish to file a complaint the opportunity to do so without retaliation from the party accused or any representative associated. Retaliation includes, but is not limited to; harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to or in reference to the complainant, or breach of contract.

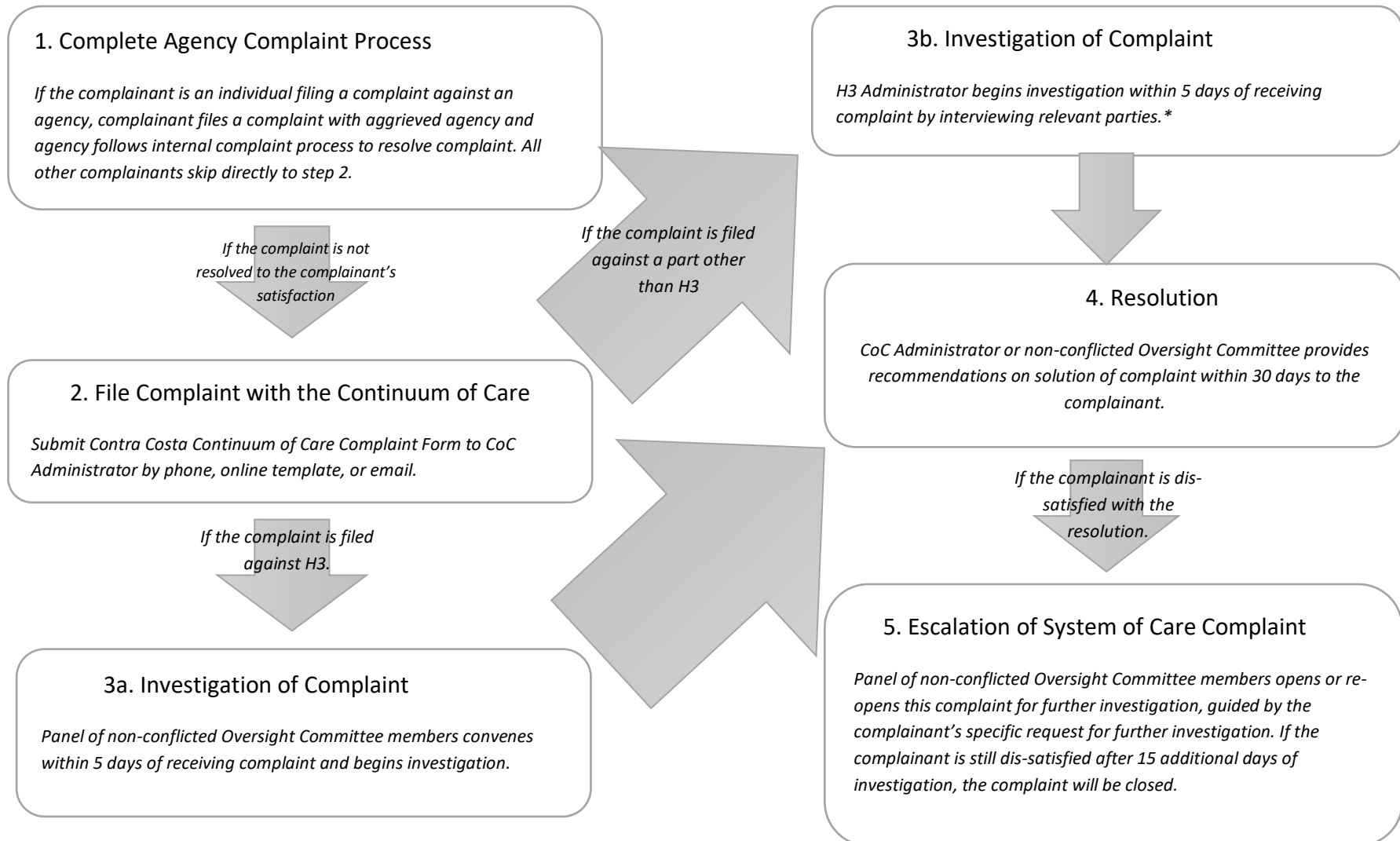
The Contra Costa CoC will take immediate steps to stop retaliation and prevent its recurrence. These steps will include, but are not limited to:

- Technical assistance,

- Corrective Action Plan or Monitoring Plan,
- Written report of grievance and retaliation to program funder(s) (decision made at the discretion of the Oversight Committee), and/or
- Discontinuing CoC funding (decision made at the discretion of the CoC Board).

The CoC Administrator will request supporting documentation from the alleged victim of retaliation to substantiate all claims. Supporting documentation may include: police reports, emails, and eye-witness statements.

Standard System of Care Complaint Process Flow Chart



*If the complaint is in regard to an immediate health or safety issue (e.g., bed bug infestation, violence against a client in a program), H3 will acknowledge the complaint within 48 hours and provide next steps or referrals to other County agencies within 5 business days.

Contra Costa Continuum of Care Complaint Form

A complaint can be filed by a participant, staff at a participating agency or anyone else expressing dissatisfaction with the housing or services providers serving individuals experiencing homelessness, Coordinated Entry System or HMIS. The complaint may be written by the Complainant or by someone on the Complainant's behalf. The Complainant will be contacted with the outcome within 30 business days of submitting the complaint.

To submit a complaint, please complete the form below and return it to the CoC Administrator by either online form, email, or phone. If your complaint is against the H3, the Coordinated Entry System, or Homeless Management Information System (HMIS), a panel of non-conflicted Oversight Committee members will convene to investigate your complaint.

Email: contracostacoc@cchealth.org

Phone: 925-464-0152

Please contact the email or phone number above to request reasonable accommodation for this process.

Part I – CoC Complaint (To be completed by the Complainant)

Print Name: _____

If you are filing this complaint on behalf of an agency, please list the agency name: _____

Preferred contact method: ☐ Phone ☐ Email ☐ Other

Phone Number: _____

Email: _____

Other: _____

Address or place where you can be reached:

Instructions: If you have previously submitted a complaint regarding this issue using another form, please feel free to attach that form and/or copy your applicable responses below.

Name and agency/organization that is the subject of the complaint:

What is your relationship to this agency/organization?

☐ Currently or Previously Receiving Housing or Services

☐ Employee of this Agency/Organization

☐ I am a filing a complaint against Coordinated Entry.

☐ I am filing a complaint against HMIS.

☐ Other (please specify): _____

Please explain in your own words what happened. Please be specific as possible, include date of appointment or conversations, staff names, or programs. You may use additional pages if needed:

When did the incident above happen?

Has this happened before? If so, did you report it? Who did you report it to? What was the outcome?

What do you want done to resolve the problem?

Is this complaint regarding an immediate health or safety issue (e.g., bed bug infestation, violence against a program participant)?

☐ Yes (please describe): _____

☐ No

If you are an individual submitting a complaint against an agency or organization, the CoC Complaint Policy asks that complaints first go through the complaint process at the agency involved in the incident. Did this complaint go through the complaint process at the agency involved in the incident already?

☐ Yes ☐ No

If no, are we able to share this information with the agency to go through their complaint process?

☐ Yes ☐ No

I certify that the information is true and correct to the best of my knowledge.

Complainant Signature: _____ Date: _____

Part II - Investigation (to be completed by agency that is the subject of the complaint)

Print Name:

Title:

Agency:

Preferred contact method: ☐ Phone ☐ Email

Phone Number: _____

Email: _____

Please explain in your own words what happened. Please be specific as possible, include date of appointment or conversations, staff names, or programs. You may use additional pages if needed:

Have you received this complaint before? If so, by whom and what was the outcome:

What steps have been taken already to resolve the issue?

What actions do you recommend to resolve this issue?

I certify that the information is true and correct to the best of my knowledge.

Agency Staff Signature: _____ Date: _____

Part III - Resolution (to be completed by the CoC Administrator or Chair or Ad Hoc Panel of Non-Conflicted Oversight Committee Members and shared with the Complainant)

CoC Administrator or Chair of Panel Name:

Date Complaint Received:

Description of the Complaint:

Has a similar complaint against this agency on this topic been received by the CoC before? If so, what was the outcome?

What steps were taken to investigate this complaint?

What is your recommended resolution for this complaint?

- ☐ Complainant will be re-assessed and/or re-prioritized for housing or services.
- ☐ Complainant will be referred to appropriate health and safety resources.
- ☐ Agency will be asked to complete and follow a Corrective Action Plan.
- ☐ Agency will be asked to adjust internal policies.
- ☐ CoC Board should consider withdrawing CoC funding for this project.
- ☐ Other (please describe): _____

Please describe the recommended resolution in greater detail:

To be completed by Complainant:

Please complete the following statement. I am:

- ☐ Satisfied with the proposed resolution.
- ☐ Dissatisfied with the proposed resolution and would like to request further investigation by a non-conflicted Panel of Oversight Committee members.

If you are dissatisfied with the proposed resolution, please describe the additional information or steps you would like the Panel to consider:

I certify that the information is reflective of the proposed resolution conversation between the CoC Administrator or Chair of the Panel and the Complainant to the best of my knowledge.

CoC Administrator or Chair of Panel Signature: _____

Complainant Signature: _____

Date of Meeting: _____

Part IV – Escalation of Complaint (to be completed by the Ad Hoc Panel of Non-Conflicted Oversight Committee members, if necessary)

Oversight Committee Members reviewing complaint:

Name: _____

Name: _____

Name: _____

Name: _____

Date Complaint Received: _____

Date of Oversight Committee Review: _____

What further steps, if any, were taken to investigate this issue?

What is the Panel's recommended resolution for this complaint?

- ☐ The Panel agrees with and upholds the proposed resolution.
- ☐ The Panel would recommend changes to the proposed resolution, detailed below.

To be completed by Complainant:

Please complete the following statement. I am:

- ☐ Satisfied with the final resolution.
- ☐ Dissatisfied with the final resolution.

If you are dissatisfied with the final resolution, please describe your specific areas of dissatisfaction:

I certify that the information is reflective of the final conversation between the CoC Administrator or Chair of the Panel and the Complainant to the best of my knowledge.

Panel Representative Signature: _____

Complainant Signature: _____

Date: _____